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MEDICAL REMINISCENCES.

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THERE are many occasions in medical practice where a thoughtful physician, even of large and prolonged experience, must acknowledge the great difficulty of making a clear diagnosis, or of assuring himself of the true indication. This being the case, it is not wonderful that the fitting memories of early professional achievements should be followed, in after life, with reflections little adapted to sustain the self-complacency to which they had given rise. Self-confidence—and by this term I mean that condition of the mind which results from investigation of the ground of its trust, and may claim fit companionship with true modesty—self-confidence, while it may be indispensable to efficiency in the medical practitioner, should be carefully distinguished from its counterfeit, self-conceit; a quality of mind which is quite ready to assume, though incompetent to discharge, the responsibilities of the former. Ignorance may be compatible, not only with self-conceit, but even with self-confidence; but while the former is incorrigible, the latter will not only profit by lessons of experience, but will search in the legitimate direction for the attainable knowledge which it lacks; and will slowly learn to discriminate between what is attainable, and that which must yet be held as merely hypothetical. Self-conceit will never stop to discriminate, though by its diligence it may become learned, and attain celebrity; while self-confidence, with less learning, may obtain the wisdom, without which, for all practical purposes, learning is nearly useless.

But who can recal the incidents, scattered through the lengthened period of forty years of medical practice, without painful misgivings; without shrinking from the ordeal which might disclose, even to himself, all the consequences of his own haste, his carelessness, his indolence, his negligence, his ignorance, and his false confidence in himself? Are there many that can stand such trial, intelligently, and with operative consciences, unmoved? I trow not; and happy, thrice happy, is he who can. A clear and impartial record of these incidents, open for the free inspection of the profession, would not only constitute an invaluable beacon for the guidance of the medical practitioner, but would prove a rare treasury of facts to medical philosophy; to those who are competent to collate and elaborate its material, for incorporation into that very

imperfect, but still progressive system which we call the "Principles of Medicine." While there are few, very few, who are adequate to the task of writing a book which shall comprise and elucidate these "principles," there are thousands in the profession who only need the will to prompt the deed, and the cultivation of this into habit, to become as truly instrumental in the advancement of medical science, as those who write books. Few observing physicians will fail of meeting, from time to time, some phenomenon of disease, perhaps obscure and inexplicable to himself; some result, following his own haste, blunder or misapprehension; disastrous, it may be, or even propitious, which may be suggestive to others of some important clue for the discovery of unknown truths in medicine.

No incident in after-life has been more fruitful in salutary suggestions to myself, than one which occurred during my own pupilage. In the absence of our preceptor, a message came in haste for his attendance on a near neighbor, said to be *dying* of quinsy. My chum, a fierce and impulsive young man, was evidently preferred as the preceptor's substitute, and hastened, nothing loth, with the messenger; but returned immediately, with a face of alarm, thinking the patient *was* actually dying with suffocation, and anxiously inquiring, "what can be done?" "Puke him, puke him, by all means," was my quick reply; dictated, no doubt, not by any knowledge or thought on the subject, but by resentment of the preference shown to my friend. To my utter amazement I soon learned, for I did not follow him, that I was taken at my word; that in five minutes the young doctor succeeded in forcing some three or four grains of emetic tartar into the patient's stomach, who in twenty minutes after was relieved from threatened suffocation by vomiting, and the bursting of a large abscess in the throat.

The facts in this instance probably were, that puncture of the abscess was impracticable, either from its being really inaccessible with safety; possibly a conceivable case; or, what is more probable, and amounts to the same thing, puncture being impracticable from ignorance or want of efficiency in the medical attendant, the *substitute*, though blindly used, was appropriate and successful.

This incident, though to the intelligent and experienced physician, simply ludicrous, to me, an ignorant and unpracticed novice, was pregnant with hints for my future guidance, of great practical value. The result on my friend was most propitious. He was regarded ever after as *the seventh son of a seventh son*; and during the remainder of our pupilage, all my struggles to regain equal rank with him were abortive. He was no less generous than impulsive; but met an early and a watery grave, in the harbor of Boston, having some connection with the medical department either of the army or navy.

During the prevalence of a somewhat formidable epidemic, or, possibly, *endemic* fever, which was regarded as primarily inflammatory, though with decided adynamic tendencies, and in which depletion by the lancet was a favorite, and probably an appropriate remedy, I was called, at the very onset of the attack, in a case, apparently of great severity. The subject was a plethoric, middle-aged woman, who exhibited the usual

symptoms that had marked the cases I had before seen, some of which had proved fatal. I decided at once on bloodletting, and calling for a bowl, opened a vein by a large orifice; and being inattentive to my proper business, suffered my attention meanwhile to be diverted by General Gossip (who by the way, is a very impertinent and mischievous fellow, though in epaulettes, and I counsel all doctors to cut his acquaintance), till I was reminded by my patient that she was getting faint, when I was just in time to perceive that she was perfectly bleached and pulseless, and see her swoon—and for aught I knew to the contrary, give up the ghost! Truly, this was a consummation as unexpected as unwelcome; and my first impulse was to feel for the gallows-rope on my own neck, which seemed already to be doing its office. A moment thus lost—and all the instincts of medicine, if there are such agencies, were aroused. I should, perhaps, premise, that they had given me a bowl for receiving the blood, of an antique and peculiar shape, well contrived to deceive the eye, its capacity turning out to be much greater than its appearance indicated. I took the dish from the assistant's hand into my own, and by dint of *gravitation* got an effectual hint towards a true diagnosis—all but utter exsanguination. I had abstracted, a fact now acknowledged for the first time, and little suspected by the patient or the attendants, within a very small fraction, four pounds of blood! Well—I beg the readers of the Journal to hear me through; though I have nothing to offer, even in palliation of an act which in strict justice should have banished me from the ranks of the profession. But it is some consolation to be able to say, my patient recovered, in spite of me. She recovered, too, much more rapidly than any other patient I had prescribed for during the epidemic. Of course, there was no lack at the time, of promptitude in the use of all available means to obviate the blunder, such as diffusible stimulants, friction, compression, &c. I have never performed venesection since, without first calling for a *small* bowl.

If it be admitted that I made no mistake in my diagnosis; that it was, as it certainly had every appearance of being, a strongly-marked case of the fever then prevalent, and which all regarded as of a sthenic character; was the rapid recovery attributable to the blunder?

Thursday, 3 o'clock, P.M., visited Mrs. B., 20 to 25 years old; who was looking for her *first* confinement in about three weeks. She called me with the impression that she might need to lose blood. I found her with an easy pulse, lax bowels; but with slight headache, slight vertigo, and slightly-bloated countenance. Finding her, on the whole, very comfortable, the condition of pulse and bowels induced me to decline bloodletting at the time; though I promised myself I would look after the case *in a day or two*. Twelve hours afterwards, at 3 o'clock, Friday morning, I was again called, and found the lady in labor; all very promising, a right presentation, bowels still relaxed, soft pulse; and myself as happy and comfortable as an old rickety chair—when at 3 o'clock, P.M., about the twelfth hour of labor, expecting myself every moment to play usher to a first-born, behold! my patient was in terrible convulsions! I did not look after her “in a day or two,” but opened a vein at once, by a large orifice, from which I took, perhaps, twenty-

four ounces of blood ; after which she sank into a coma, the breathing rather stertorous, with occasional slight but inefficient labor pains. I applied the forceps very soon, delivered the child, which I expected to lose—but forgetting the claims of Mrs. Willard, assumed her prerogative, and varnished my own very symmetrical mouth with the labial alluvium of the breathless baby, blew a blast—and the baby blew back again. So far very good ; and still better, the mother rallied, looked bright, prosperous and happy ; and the attendants and the doctor began, a little prematurely, their triumphant pow-wow—when, lo ! the lady led off, very inappropriately, into strong convulsions again ! I should have said the placenta had been removed without difficulty, and the swathe well applied. A ligature to the arm, with a gush of some sixteen ounces more blood, of course followed ; and as soon as deglutition became practicable, twenty-five *minims* laudanum. This was at 4 o'clock, P.M., Friday ; and to-day, Saturday, mother and child are doing well ; the former evidently entertaining an opinion of my sagacity and professional skill which certainly fails of an easy response in the conscience of her medical attendant, who most probably blundered in omitting bloodletting the day before ; on the whole, clearly enough indicated by the slight headache, vertigo and bloated face, notwithstanding the favorable state of pulse and bowels.

When I commenced this paper, it was my purpose to occupy now and then a leisure hour, in presenting a few *negative* examples from my own practice, for the benefit of others ; the only method of teaching I ever attempted. But really, if it must go on from bad to worse, as it now promises, I fear my own audacity, though somewhat exuberant, will fail me. Will others encourage me by leading in the same direction ?

LAMOILLE.

NEW REMEDIES.

[Communicated for the Boston Medical and Surgical Journal.]

MEDICAL men have been charged with not being alive to the spirit of the age, and it has been said that while continual advancement was made in the other professions, the science of medicine remained stationary. This charge is untrue ; the materia medica is constantly increasing in the number of its articles, offering new remedies for the treatment of diseases, and these medicines being duly tested by the touchstone of practice will receive their just place in the pharmacopœia.

The science of organic chemistry is as yet almost unknown, but already valuable discoveries have been made in separating the "active principles" of vegetables from the woody fibre, starch, &c., with which they are connected in their natural state.

The attention of the profession should be directed more to the use of these "active principles," which possess so many valuable qualities, and by means of which the physician is enabled to rival the homœopathist in the size of the dose ; and also that the stomach need no longer be the physician's laboratory, or be so often offended by the nauseous draught.

My object in writing is to call the attention of the profession to the use of the active principle of the plant *Podophyllum peltatum*. The root of this plant, made into a decoction, has for a long time been used in this section of the country in domestic practice, whenever a brisk cathartic was required, and when exhibited in this form it was apt to produce uneasiness in the stomach and bowels. About eighteen months since, I commenced the use of Podophylline, having for a long time desired an article which would act as an alterative in arousing the secretions in the same manner as mercurials, and yet have none of the unpleasant and disagreeable effects of these medicines. By continued watching of the operations of this medicine, among persons of every age and temperature, and in both sexes, I have come to the conclusion that in Podophylline we have the desired alterative, without any of the dangerous or disagreeable effects sometimes caused by mercurials.

I have used Podophylline with the greatest advantage to the patient in all those cases where some of the various compounds of mercury were formerly recommended, for the purpose of arousing the action of the great secretory organs, and especially those of the liver. In cases of habitual costiveness, this remedy has acted like a charm, its effects remaining some time after ceasing its use. In one case, where from chronic functional disease of the liver an habitual costiveness was produced, which had formerly been treated by drastic cathartics, purges, calomel, blue pill, &c., it yielded to the daily use of one eighth of a grain of Podophylline for a month, and for six months the patient was entirely exempt from her former difficulties; and these returning again, the same medicine was given, with its former success.

As an alterative, this medicine excels all of the mercurials; and the following are the forms in which I administer it:—*R.* Podophylline, gr. j.; ipecac. pulv., comp. ext. colocynth, aa grs. iv.; syr. acacia gummi, q. s. *M.* Ft. 8 pills. *S.* One to be taken every evening. *R.* Podophylline, gr. j.; ipecac. pulv., grs. v.; hyoscyamus ext., q. s. *M.* Ft. 20 pills. *S.* One to be taken every morning and evening. In infants, when the bowels are sluggish and an alterative is indicated, the following prescription is used:—*R.* Podophylline, gr. ss.; sach. alb. pulv., ʒij . *M.* Divide into 24 or 32 powders. *S.* One to be taken at night.

WM. R. BATES.

Morris, Otsego Co., N. Y., January, 1855.

REMOVAL OF A FIBROUS TUMOR FROM THE TONGUE.

[Communicated for the Boston Medical and Surgical Journal.]

Messrs. Editors,—As the following case contains several points of interest, I send you a brief report, from notes taken at the time, for publication.

Wm. Canney, of Exeter, æt . 16 years, in good general health, came to me, with his father, wishing my advice in respect to a tumor situated on his tongue. The tumor was first noticed about three years previous, then of small size, but increasing gradually since, until the time of my

seeing it, when, from its *size*, it caused him great inconvenience. His face was somewhat enlarged on the right side, in consequence of the enlargement of the buccal cavity to accommodate itself to the slow yet steady growth within. On examining the tongue, I found a tumor of considerable size situated on the right side of its upper surface, at the same time inclined to the side, so as to push the substance of the organ to the left, and compress it to very narrow limits. The tumor was of considerable firmness, somewhat elastic, and very well defined, anteriorly, at the distance of an inch from the extremity of the tongue, when the organ was in a state of rest, and not appearing to implicate its structure; but posteriorly, it seemed to be combined with the substance of the tongue, and not so well defined. Injected vessels, of large size, were running over its posterior surface, and extending along its borders; otherwise the skin appeared to be healthy, though much stretched. It had caused him no pain, but within a few months there had been some soreness at its upper part. Different opinions had been expressed by physicians, who had previously examined the case, relative to its character and probable termination.

After a careful examination, I diagnosed a fibrous tumor, and prescribed removal, as the only means of relieving him from such a barrier to speech and deglutition, and also from the inevitable consequences, should it thus be allowed to remain. Accordingly, on January 23d, 1854, chloroform having been administered, I proceeded to operate, by first passing a strong ligature through the end of the tongue, to secure its movements; I then directed an assistant to draw the tongue forward and to the left, thereby bringing the tumor as far towards me as was practicable, and plunging into it a hook, I made a semilunar incision along its side, and another along its superior border, including, between the two, all the integuments except what was considered sufficient to close the wound. The anterior portion was easily separated from the parts beneath; but posteriorly, it was found to involve the substance of the tongue, so that I was obliged to carry the dissection deeply into the organ, in doing which, the lingual artery was divided, and sprung furiously. The tumor was immediately removed, and the artery seized with a forceps. A ligature was applied and knotted, by means of a thumb forceps in each hand; an operation obviously attended with some difficulty, from the situation of the vessel, but which I preferred to other methods usually resorted to under like circumstances. After the hemorrhage had been arrested, the wound was cleansed and brought together by three points of interrupted suture, and the operation finished; the whole time occupied being only a few minutes. The wound healed kindly; so that in fifteen days after the operation, he was able to attend his school, and read aloud tolerably well.

The tumor, after removal, was of an ovoid shape, two and a half inches in length, one and three quarters in breadth, and weighed twenty-two pennyweights. Microscopic examination proved it to be of a fibrous structure, involving but not invading the muscles with which it came in contact. Slight traces of fat were found in its central portion, where it was of a brownish color; but nothing malignant could be detected about it.

I saw the patient a few days since. There yet remains, at the posterior part of the cicatrix, a slight depression, and the tongue is somewhat confined, by the cicatrix, so as to prevent the protrusion or retraction of the right side of it, to that extent which it would otherwise be capable of; but in all its usual movements, as in masticating, or even in speaking, it causes him but trifling inconvenience.

Exeter, Me., Jan. 5, 1855.

A. WATERHOUSE.

SAL ERATUS.

BY W. A. ALCOTT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Some of your readers may have thought the assertion I made, several weeks since, concerning the deleterious character of sal eratus, a little too strong. Such individuals, if such there be, may do well to consider the following facts, the truth of which could, if necessary, be attested by three as competent witnesses as the Commonwealth can boast.

About the year 1835, a disease broke out in a boarding house in Williamstown, Mass., from which thirteen out of fifteen boarders suffered severely, and a fourteenth slightly. Two of the whole number died. The tendency to sphacelus was so great that blisters could not be safely applied, and the vitality of the first passages was so much reduced that no laxatives could be borne. In short, so alarming was the disease that the house became known for some time as the *pest-house*.

No other cause could be assigned for the appearance of this strange disease, than the sal eratus which was used in the food. This was, in quantity, enormous. And one evidence that the cause assigned was the true cause, was found in the fact that the two individuals who either partially or wholly escaped the disease, used but little of it. They utterly refused some articles in which it abounded; and everything that contained it, they used with great caution.

Now if large measures of this narcotic—for such, Prof. Nathan Ives, of the New Haven Medical College, used to call it—are able to produce such alarming and fatal results, can smaller measures of the same article be wholly innocuous? And may not a large proportion of the infantile and juvenile mortality of the United States, at the present time, be fairly attributable to this source? If we kill 300,000 children, under 10 years of age, every year, may it not be that we kill 100,000 of them with sal eratus?

I will append to the foregoing another important statement. I was in West Fitchburg a few years since, at a school-house, lecturing on the laws of digestion. Having incidentally stated, during the lecture, that it was no uncommon thing for New England families to use, in cooking, ten or twelve pounds of sal eratus annually, I was taken to task, at its close, by a gentleman of high standing in that neighborhood, for not placing the *maximum* of the domestic consumption of this article high enough. "Why," said he, "our family use fifty pounds of it in a

year." "How large is your family?" I asked. "Ten persons in all; including two or three boarders," was the reply. His wife interrupted the conversation by saying that Mr. P. was mistaken. A dialogue ensued between them, which ended with the conclusion that their yearly consumption of the article was twenty-five pounds.

It is useless to conceal, or attempt to conceal the fact, Messrs. Editors, that we are a sal-eratus eating community. Nor is it to be longer concealed that our annual mortality is greatly increased by it. Must we not, then, speak out? Or must we be still, and see people die, when we might, perchance, save them?

January, 1855.

A SINGULAR CASE OF MORTIFIED BOWEL.

BY M. N. PHILLIPS, M.D., BELMONT, MISS.

THE subject of this report was a negro woman, aged about 25 or 30 years. She first complained of pain in the bowels in the spring of 1853. This pain was attended by a rumbling noise, showing the existence of flatus in the bowels; at the same time there could be felt near the umbilicus, but generally on the left side, a hard substance; its shape at one time would appear almost round, like a ball, and at other times would seem to be several inches in length, and about the thickness of a distended colon. The pain, rumbling noise, and spasmodic condition of the bowel, would continue a few minutes and then cease. On some days these attacks would come on several times, but other days they would not be perceptible at all. For the most part they caused so little disturbance of the system, that the woman was able to do good work for the greater portion of six months. During this time no special treatment was pursued, and but little attention was paid to her situation; for she suffered but little inconvenience from these attacks. Some time in December, about eight months from the first attack, Dr. Ellis, of this place, in company with myself, examined her. We had no difficulty in ascertaining that there was a fluid in the abdomen, and in producing fluctuation, which we supposed to be in the peritoneal cavity. We therefore pronounced it a case of ascites, and she was treated accordingly. But the cause of the hard substance, or its pathological nature, was not so plain, nor could we come to any satisfactory conclusion about it, but supposed it to be a spasmodic condition of the colon. Under the treatment for dropsy, the woman improved for three or four months. The quantity of water was much lessened, and the fluctuation less perceptible; and the spasmodic condition of the bowel, and the rumbling noise that generally accompanied it, were less frequent and less perceptible. The same treatment was continued for about two months longer, but no benefit seemed to attend it. Slight fever then set up, and the pain gradually increased, which seemed to be mostly in the left iliac region. From this time on she was treated for inflammation of the bowels, but she grew worse all the time, and for three weeks previous to her death the pain was intense in both iliac regions, but the rumbling sound could

not be heard, nor could the hard substance be felt. She died on the 10th of August, and was examined about twelve hours afterwards, by Drs. Moore, Ellis and myself. Upon laying open the abdomen, and dissecting out the intestines, the colon was found to contain a great quantity of *small bones*. The bowel was filled with them for several inches at two different points, namely, in the cæcum and a portion of the ascending colon, and also in the iliac colon or sigmoid flexure. The portions of the bowel where these bones were lodged were in a state of mortification; some of the bones had even passed out of the bowel, through its gangrenous parietes; the mortification on the left side extending as high as the splenic flexure of the colon. There was some unnatural adhesion of the peritoneum to the walls of the abdomen; but no destruction, or mortification, except in those parts covering the gangrenous bowel.

The other abdominal viscera presented no abnormal appearance, nor did the pelvic viscera exhibit any marks of disease. As there were no symptoms during life that indicated any disease of the brain, or the thoracic viscera, no examination of them was deemed necessary. Some of these bones were at least three fourths of an inch in length, and by comparing them with the bones taken from a chicken's foot, they seem to be the same. Others of them were of different shapes, as though they had been broken by mastication.

Whether these bones had been in the bowel from the commencement of her attack, or were swallowed a short time before the rise of fever, may admit of some argument; but from the fact that the symptoms were nearly the same at the commencement of the disease as a few months before her death (with the exception of the dropsical tendency), and from the fact that the rumbling sound and spasmodic condition of the bowel recurred at intervals until three weeks preceding her death (at which time, in all probability, the bowel, from its high state of inflammation, had lost its contractile power), I infer that some of the bones at least had existed there from the beginning of the attack, and gave rise to the spasm of the bowel, and all the phenomena and train of symptoms that followed.

A similar case to the above never having come within my knowledge before, its novelty must plead my excuse for reporting it. For although a correct diagnosis of the disease might not avail anything, yet it will not be denied that it is a great satisfaction to be able to ascertain its true pathology.—*Memphis Medical Recorder*.

ON CHARCOAL AS A DISINFECTANT.

BY G. J. BARFORD, ESQ., ST. BARTHOLOMEW'S HOSPITAL.

THE substances with which we are acquainted as disinfectants or deodorizers are, chlorine, chloride of lime, lime, charcoal, &c., each of which possesses this power to a certain degree, but not all acting in the same manner. The disinfecting power of chlorine depends on its affinity for hydrogen; thus decomposing water or aqueous vapor, by uniting

with the hydrogen, while the nascent oxygen oxidizes the organic matter, so that unless aqueous vapor is present, chlorine loses a great part of its disinfecting powers, and simply disguises the noxious effluvia, and is itself an irritating, offensive, and corrosive substance. Chloride of lime acts by the oxidation of the putrescent matter; but to do this effectually it requires the presence of an acid; thus, unless a considerable quantity of carbonic acid is present to decompose the hypochlorite of lime, and give rise to the evolution of hypochlorous acid, the chloride of lime will do but little as a disinfectant. Lime acts by the absorption of carbonic acid and sulphuretted hydrogen, leaving other noxious gases unaltered. Thus they are all open to serious objections; but the one which practically will be found the most effectual, I believe, has received the least patronage—this is *charcoal*, a body whose disinfecting power has long been known, but its mode of application has been quite neglected.

Dr. Stenhouse lately called attention to his very ingenious ori-nasal respirator, which depends on charcoal for its efficacy, the action of which is given in the Journal of the Society of Arts for February, 1854; the respirator having been noticed in the Lancet of November 25th, I need only mention it as an instance of the powerful disinfecting power of charcoal; but at once call attention to the plan I have adopted in the application of this agent as a disinfectant, bearing in mind the results of Dr. Stenhouse's experiments, which prove that charcoal not only absorbs noxious vapors and putrescent odors, but at the same time oxidizes them; or, in other words, makes them undergo a slow but sure combustion, which must have its end in the conversion of deleterious gases into compounds whose physical and chemical properties would admit of an easy separation or removal from their bed of formation, and which on evolution would not be the least deleterious. I therefore, previous to its use, heated the charcoal thoroughly in a covered crucible, with a small hole in its lid, to allow any oxidized material which it might contain to escape, taking care not to have the hole sufficiently large to allow the charcoal to undergo combustion; when thoroughly heated it was allowed to cool, so that on exposure to the air it should not oxidize; in this state it was put into shallow vessels, and placed wherever putrescent odors existed, and in a few minutes the whole of the smell disappeared; but in a day or two the charcoal lost its power. I then thoroughly heated it again, with the same precautions as before, and placed it to perform its duties a second time, which it did with as much efficacy as on the first application; thus, by the repeated cleansing of the charcoal every or every other day, it does not deteriorate, but the same quantity will effectually remove noxious gases for an indefinite period of time.

With Mr. Holden's permission I was enabled to give it a most perfect trial in the dissecting-rooms of St. Bartholomew's Hospital, which at this time of the year must abound in noxious gases and putrescent odors, thoroughly heating the charcoal, and placing it in shallow vessels about the rooms. It acted so promptly, that in ten minutes not the least diffused smell could be detected. So quick and effectual was its

action, that arrangements are being made for its constant use. It answers just as well for a purifier of water-closets, drains, wards of hospitals, and sick-rooms. As a purifier of hospital wards, both civil and military, it might be applied with great advantage, saving patients from the unpleasant smells and effluvia from gangrenous sores, and for this purpose a wire-gauze construction, containing the charcoal, might be made to surround the affected part at some distance from the dressing; thus the patient himself, and those in adjacent beds, would not be subjected to the influence of the putrescent odors. All these the charcoal would effectually absorb, doubtless with advantage to the patient and his neighbors also. Other quantities of charcoal might be placed in shallow vessels about the wards, and purified every morning as above mentioned. Being at the command of the poor as well as the rich, it admits of universal use; and though it may be objected to as a purifier of the wards of hospitals and chambers of the sick, under the fallacious notion that it would emit carbonic acid, and also on undergoing its daily cleansing would again give off the absorbed gases, yet this notion can never enter the minds of those who understand its action, seeing that carbonic acid cannot be generated unless the charcoal is heated in free contact with the air. This is prevented by having a covered crucible, in which it can be heated to any temperature without undergoing combustion; and the supposition that the absorbed gases are given off again when the charcoal is heated, will be removed by the fact, that they are all oxidized and converted into sulphuric, nitric, carbonic acids, and water, &c., and the heating of the charcoal is for the whole and sole purpose of removing these bodies, which exist in so small a quantity that they could not be the least prejudicial, even if driven off in the centre of an inhabited room, but, of course, they all pass up the chimney. Thus charcoal is more efficacious than any other disinfectant, when applied as above described, absorbing gases of whatsoever kind not requiring the presence of any other substance to resist its action, but without stint or scruple collecting noxious vapors from every source, not disguising, but condensing and oxidizing the most offensive gases and poisonous effluvia, converting them into simple, inert, stable compounds; it is simple and economical, coming within the reach of the poorest, and can safely be placed in the hands of the most ignorant, thus combining advantages not possessed by any other disinfectant.—*London Lancet.*

A CASE OF HEMERALOPIA.

BY J. BROOKE, M.D., OF CHESTER COUNTY, PA.

W. Y., æt. 54, was attacked with night-blindness early in May last. The disease commenced with a slight dimness of vision, which came on as soon as it began to grow dark in the evening, and continued until daylight the next morning. This continued to increase, but for some weeks it was not so great as to prevent him from walking out on a tolerably clear night. At length, however, vision became almost completely

destroyed the moment it began to grow dark, and the dimness continued until a late hour in the morning.

The patient could see, though imperfectly, by the light of a bright lamp; but he was unable to find familiar places by the unclouded light of the full moon. On one occasion, being overtaken by a clear moonlight night, when but a short distance from home, he was obliged to procure a lantern in order to find his way thither.

The eyes were perfectly natural in appearance; the pupils obeyed the stimulus of light; there was no pain, or other symptom to indicate the existence of inflammation or congestion, and the general health was as good as usual. Upon consulting numerous authors upon the subject, I found that no special plan of treatment was laid down, the disease being said to often subside spontaneously in the course of a few weeks. Blisters were applied to the temples, and left open for some time; small doses of the precipitated carbonate of iron were administered, and the patient not allowed during the day to expose his eyes to a bright light. Mild laxatives were tried, but in consequence of the bowels being naturally very irritable, their use had to be abandoned.

This plan of treatment was continued for several weeks, without the slightest amelioration of the disease; on the contrary, it appeared to be on the increase. The view now taken of the pathology of the case was, that it depended on a morbid diminution of the excitability of the retina, or optic centre, or of both; and that this excitability being almost completely exhausted during the day, the feeble light of evening was incapable of arousing it, and, of course, imperfect vision would be the result.

In accordance with this view, and with the well-known fact that nuxvomica acts as a stimulant to the nervous centres generally, its administration, in the form of the alcoholic extract, was commenced. The dose given was one third of a grain, repeated three times per day. This was continued for more than a week before it produced any symptoms indicative of its operation upon the system, the disease remaining during this time in statu quo. As soon, however, as it began to produce slight twitchings and rigidity of the muscles, the disease began to give way. Vision continued perfect until a later hour in the evening, and was more distinct throughout the night. The medicine was continued in diminished doses for a short time, and at length suspended altogether, some effects of its action still continuing, and vision gradually improving, until in a short time it was as perfect as ever. The medicine was resumed in about two weeks, in consequence of a slight relapse, which was caused by too long exposure of the eyes to bright sunlight; as soon as its constitutional effects were produced, the disease disappeared and has not since returned.—*Medical Reporter*.

A CASE OF PREGNANCY SIMULATING ASCITES.

BY CH. F. J. LEHLBACH, NEWARK, N. J.

THROUGH the kindness of my esteemed preceptor, Dr. John F. Ward, I am enabled to communicate the following case, which occurred in his

practice, some weeks ago, and which, I think, may prove interesting to the profession.

Mrs. R——, native of Germany, æt. 40, had previously been of good health, though her constitution was somewhat enfeebled by ten confinements. About five months ago, she states to have lost her menses, which she attributed to pregnancy. Nothing unusual occurred, until about six weeks ago, when she observed the abdominal enlargement to become much more extensive than she was used to observe in her previous pregnancies. She paid, however, no particular attention to this, until a few days afterward, when the distension of her abdomen had increased to such an extent as to disable her from walking about, and to cause difficulty of breathing.

The patient now became alarmed, and sent for a physician. The physician, Dr. Ill, who was called in at that time, detected well-marked fluctuation over the whole abdominal region, which was not discoverable however some two inches above the pubic region. The pulse was small and frequent, and the patient suffered greatly from difficulty of breathing. The abdomen was somewhat tender on pressure, bowels constipated, urine scanty and high colored, and she was troubled with excruciating pains in the small of her back, which greatly disturbed her sleep. The stethoscope was applied over the abdomen, but no sound of the action of the fetal heart could be obtained. The woman, however, stated positively that she had distinctly and unmistakably felt motions on several occasions. There was no trace of œdematous swelling of the feet and legs.

The case, under these circumstances, was diagnosticated as one of ascites, with the probable presence of pregnancy, and consequently sudorifics, diuretics, and the whole array of hydragogues, cream of tartar and digitalis, were at once brought to bear upon the case, but without apparent effect. The woman grew worse every day, and the abdomen, as well as the general condition of the patient, commenced to assume an alarming aspect. At this juncture, a consultation of the three attending physicians (Drs. Ward, Ill and Nadler) was held, and the question was seriously discussed, whether it was necessary to operate, as no other chance seemed to be left to get rid of the dropsical effusion. It was, however, resolved to wait, and the maxim *expectare et observare* proved a very good one in this case.

Three days after the consultation, the husband of the patient called upon my preceptor, asking him to perform the operation of paracentesis at once, if deemed necessary, as his wife could not any longer suffer in the way she did.

When Dr. Ward arrived at the place, he found, in addition to the above, that the patient suffered much with paroxysms of pains, which seemed to indicate approaching labor. On examination, the os uteri was found to be dilated to the size of a two-shilling piece. The membranes were beginning to protrude, and when they ruptured, there escaped about four gallons, by measurement, of liquor amnii, and soon the patient was delivered of stillborn twins, about five months advanced.

The abdomen at once assumed its natural size, and there was no

trace of serous effusion anywhere. The woman is now in as good health as ever.

What a terrible blunder, if paracentesis had been performed in this case! Not only would peritonitis have probably been excited, but the risk of wounding the uterus would have been very great. Still, the case presented such features, that the most acute practitioner might have been led into error. There was even the question, whether pregnancy existed or not.

This case also presents some interesting features in reference to diagnosis. It proves that an enormous, or rather abnormal, quantity of liquor amnii may render the walls of the uterus so thin that fluctuation may be produced. But, at the same time, the fluctuation did not extend so far down as usual in cases of ascites, probably on account of the more unyielding nature of the cervical portion of the uterus. This case affords another illustration of the golden rule, not to decide rashly, in cases which seem to require an operation. Had an operation been performed, as was suggested, it may easily be imagined what the consequences would have been for the patient, as well as for the reputation of the medical attendants.—*New Jersey Medical Reporter.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 24, 1855.

Abuses in the Retail Drug Trade.—Judging from an article in the New York Times, entitled "Startling abuses in the retail drug trade," we should think there was much need of reform in the method of doing business among the apothecaries of that city. As many of the remarks in the article alluded to will doubtless apply to other places, we copy a portion of it into the Journal.

The writer says—"Too often, the drug business affords a refuge to those who have failed in other businesses. Men who 'burst up' in dry goods, have succeeded in drugs, and got rich on their little quackeries and nostrums. All these gentlemen stick M. D. to their names, and will 'undertake' anything, from the manufacture of 'refined liquorice' to the 'embalming of the dead,' whom they will warrant to keep until the general resurrection.

"These pretenders foist off molasses and water as a blood-purifier, under the name of sarsaparilla. They are sole inventors of some wonderful remedy for coughs and colds. Their cholera and colic mixture is quite infallible, while their venereal remedies, which they, delicately, style 'vegetable elixirs,' were never known to fail in effecting a speedy cure.

"Many of these empirics have stores in the meaner districts of the City, and it is astonishing what sums they receive for their 'advice' from the poor. They lie in wait for thoughtless sailors, and reckless California passengers, and 'screw out' of them large sums for medicines to protect them from the diseases and influences of any climate!

"A great many drug stores belong to physicians; but as it is considered rather *infra dig.* to be connected with a store, they usually carry on a 'shop' under another name. In such cases they avail themselves of the services of some unfortunate foreigner, whose necessities compel him to accept of

from \$3 to \$5 a week, the usual pay of drug-store clerks for seventeen hours' attendance daily for six days in the week, and nineteen hours on Saturday.

"There is more ignorance or rascality displayed in the drug trade than in any other. The quantity of spurious drugs which is introduced daily into New York is immense. Besides, the adulterating of drugs is carried on as a regular business in this City. It is only a short time ago since an advertisement appeared in one of our cotemporaries for upwards of a week, 'for a person acquainted with the adulteration of drugs.' No doubt the advertiser had, to use a business phrase, 'a host of applicants.' The sale of these adulterated drugs proves one of two things: First, that the retail druggists, being ignorant of their business, buy these drugs as genuine of the wholesale houses; or that, being acquainted with their business, they buy them for the sake of the extra profit which such drugs will fetch. It is not uncommon for even 'respectable' druggists to 'palm off,' at sixpence an ounce common senna, which costs fifteen cents a pound, for Alexandria, which costs from seven to nine cents a pound extra. Three hundred per cent. profit would satisfy most traders, but the druggists go in for from four to five hundred per cent., and as much more as they can get, but inasmuch as a great part of their stock is perishable, and they are obliged to keep a large assortment for which there is very little call, this percentage is not as unfair as may at first seem."

As for the doctors, we knew that they had many sins to answer for, but we were unprepared to hear such statements respecting their incompetency, as are found in the following extract from the Times.

"It might be supposed that our medical men would confine themselves in writing their prescriptions to the nomenclature of that very able work, the *United States Dispensatory*. Such, however, is not the case. It would be difficult to say where many of them picked up their Latinity. It would astonish the men of a much later period than that of Cæsar or Cicero.

"We have recently had access to upwards of two thousand prescriptions. About fifteen hundred of them showed that the writers were entirely ignorant of the declensions to which the various nouns used belonged. Many of them were written in pencil, and almost illegible. If a medical man be applied to in bed for a prescription, he may be excused for using a pencil, but in no other situation. Before a prescription reaches an apothecary it is, not uncommonly, well creased and thumbled, and, if in pencil, next to illegible. No patient who is able to pay his physician should accept from him a prescription in pencil, or one which is indistinctly written. Such lead only to mistakes.

"When an erroneous prescription is presented at a drug store, the prescription, if the druggist be ignorant of his business, is made up exactly as it is written. If the druggist knows the nature and quality of medicines, the prescription should be sent to the physician to be corrected. But as no professional man likes to be convicted of an error, it is very seldom that he hears of his own mistakes. A conscientious apothecary informed us that when he first commenced business, he made a practice of sending all erroneous prescriptions back, but as he invariably lost the custom of the medical men to whom these were sent, he changed his system and corrected the mistakes himself.

"We are informed of a fatal mistake which occurred a few weeks ago. A prescription in which a most unusual quantity of prussic acid, with three or four other ingredients, was ordered and left at a drug store. The clerk of

the store hesitated to put up the prescription in the absence of his employer, and, unwilling to lose a little custom, stated that it was necessary to send down town for one of the ingredients, and that the medicine would be ready in an hour or two. The patient was anxious for the medicine and sent twice for it. He soon called a third time, and stated that if it was not ready, to give him the prescription and his father would get the medicine elsewhere. The prescription was returned and made up by some one more ignorant or less scrupulous, and next day the lady was dead of a diseased heart! Diseased hearts cover a multitude of mistakes!"

Sanitary Condition of Baltimore.—An elaborate document from the commissioner of Health, Charles A. Leas, M.D., furnishes some important suggestions for the citizens of Baltimore, and we doubt not they will be influenced by them in their municipal legislation. The business of keeping streets and lanes, in a crowded city, free from filthy accumulations, is a very great matter, and on the efficiency of the officers on whom the service devolves, depends the healthful or unhealthful condition of the inhabitants. London is a model city in regard to the cleanliness of its streets. Were they neglected there, as in some other cities, there is no calculating the sufferings that would at once ensue in a population of two millions and a half of human beings, "besides much cattle." In the large cities of the United States, an interest is just beginning to be manifest in reference to this important subject. The mortality always varies, among crowds of people, according to the general violation of the laws of health. Nature has given man an instinctive appreciation of the good and the bad, in respect to localities for a habitation, to food, drinks, clothing, &c. Thus he selects a dry and pleasant place, in preference to a wet and dark one, suitable clothing to meet the exigencies of climate, and wholesome food, rather than the unwholesome, and so on. In crowded, compact cities, the tendency to collect decomposing matter in by-places, must be met by organized vigilance, or the very atmosphere will be poisoned, and plagues break forth which no human ordinances could control. Dr. Leas has excellent views of what must be done, and that continually, to maintain the public health of a great city. Boston has a reputation worth preserving, in respect to clean streets, removal of offal, and a complete system of underground sewerage.

Birth of Twins.—Nine days Interval.—Dr. T. J. Page, of Rutland, Vt., communicates the following singular (though not unparalleled) case of labor.

"An Irish woman, quite respectable, had a babe (ordinarily called baby), when 7½ months along. About two days after her confinement, I was called, her husband saying she was not getting along very well. On visiting her, I found she had 'got all through,' and was mourning over the loss of her son (although she had had five children before, all dead but one); told of the great loss, how beautiful and perfect a child it was, and all that. Of course I made the usual inquiries as to the probability of the entire expulsion of the placenta, to which she replied that 'twas all right. So after looking wise for awhile, I pronounced her doing well enough. About three days after, 'Pat' came up, and said his 'old woman' was not doing well 'at all.' Accordingly I called, and inquired into the affair, and found nothing particularly alarming except a cough and some slight after-pains, for which I prescribed a dose of morphine. I heard nothing of her till Saturday afternoon (eight days after the first labor), at which time 'Pat' came again,

saying something must be done, 'the old woman was very bad.' On seeing her, I administered small doses of ergot, often repeated, telling her that something must have been left behind, or else her flowing and pains (regular) would not be kept up. The next day I was sent for, and, lo and behold, another 'young one' had come, about as long as a *common case knife*, the first being, as she said, 'almost as large as at the full time,'—both perfectly formed children."

Ununited Fractures.—Our obligations are due to Dr. Henry H. Smith, of Philadelphia, for a copy of an interesting and practical treatise "on the treatment of ununited fracture by means of artificial limbs." We think our friend has taken the right view of this class of accidents, and his suggestions relative to the remedy for them, are worthy of consideration and confidence. As our allotted space will not admit of entering into details, we shall content ourselves, at this time, with giving the reader that portion of the treatise which has especial reference to his theory of uniting old fractures of bones. "As the deposit of osseous granules and the formation of bone," he says, "is hardly probable in this form of ununited fracture, except in very recent cases, or those which are more correctly instances of retarded union, we must here look to some other point than the ends of the bone for a bond of union, and again find it in the periosteum which surrounds the bone up to the seat of fracture; this periosteum being capable, under excitement, of uniting the ends of a fracture. To prove this, I now urge the employment of the following plan of treatment in ununited fractures, believing that when, in any false joint, whether recent or ancient, the two fragments are permitted to overlap moderately, whilst, at the same time, such action is excited by the pressure of one periosteal surface against the other, as may be obtained by gentle and long-continued motion in using the limb, a growth of callus will be often induced and accomplished with much less local and constitutional disturbance than it can possibly be by friction and rest, pressure and rest, the seton, re-action, drilling, or the use of ivory pegs, as heretofore recommended; whilst the patient will escape confinement, free supuration, phlebitis, hectic fever, and the serious effects which have often resulted from these plans of treatment. That pressure and friction of the surface of the external periosteum will lead to the formation of bone, has long been known to surgeons, and exemplified in the formation of a new acetabulum in cases of luxation of the head of the femur upon the pubis."

California Insane Asylum.—A soil charged with gold contains in itself no balm for a wounded spirit, nor are the causes which derange the powers of the mind any less in number or potency on the Pacific side of the Rocky Mountains, than in the old stable States on the eastern slope. Insanity, it seems, exists in California. But they are copying there, and rapidly, too, the best institutions of the father land. The people generally of that country are natives of other regions; but they carried with them a strong love, and even veneration, for everything at home which is best calculated to advance civilization and promote human happiness. It appears that in 1850, there were only 14 persons sent to the station house, in San Francisco, on account of insanity. In 1851, there were 22; in 1852, 34; and in 1853, 63. The medical superintendent, Robert E. Reed, M.D., says, on the first page of his report—"It is fearful to contemplate the amount of mental excitement, the violent passions, the ungoverned tempers

and continued turmoil, prevailing throughout the entire population of the State." The Asylum is established at Stockton, in lat. 37 deg. 57 min. north, and long. 121 deg. 14 min. 26 sec. west. From May 14, 1852, to Dec. 31, 1853, the whole number of patients was 284. Of these, 264 were males, 20 females. Recovered, 160; of whom 7 were females. There were 22 deaths; 44 improved; and remaining at the institution when the account was made up, 93 males and 10 females. Beyond these few statistical facts, there is nothing particularly instructive to be gleaned from the report of the trustees. That the establishment is admirably managed, both in the financial as well as humane department, is beyond question. Dr. Reed gives indications of being admirably fitted for the high responsibilities of his position.

There is a State hospital at Stockton, also under the charge of Dr. Reed, organized in August, 1851. The insane asylum, somewhat connected with it, assumed a distinct existence in May, 1852. In July, 1853, by an act of the Legislature, the hospital patients were transferred to the State Marine Hospital, San Francisco—leaving the insane entirely by themselves.

Medical Appointment at the Custom House.—Dr. Joseph H. Smith, of Dover, N. H., has been appointed, by the Secretary of the Treasury of the United States, special examiner of drugs, chemicals, medicines, &c., for this port. Dr. Charles H. Peirce, who has long, and faithfully we believe, occupied the same position, has been displaced. We doubt the expediency of making frequent changes in this special department, provided the individual having the charge is qualified to perform the required duty. It takes time to become familiar with all the schemes made use of in the falsification of drugs, &c., and every medical man has not had the opportunity to learn them. We believe Dr. Peirce has given general satisfaction to the druggists in this city, and he will retire from office with their best wishes for his future prosperity.

Sulphuric Ether as a Motive Power.—It would appear, by information lately received from France, that sulphuric ether is destined to be as useful for a motor power, as it has been for an anodyne. M. Du Trembley has succeeded, after much experimenting, in employing it, in conjunction with steam, on board of steam vessels, and thereby obtaining, as it is said, "a great increase of motive power at less expense than that of steam by the existing system." The mode of operation for the ether engines differs from the ordinary machines, in the following particulars. In the old ones, steam, after setting the cylinder in motion, is condensed by means of an injection of cold water, and is then discharged with nearly the total loss of its heat; whereas by the new system, after the cylinder begins to move, it is put in communication with ether, which absorbs and condenses its heat, and instead of escaping, sets in motion the piston of a second cylinder, and so greatly increases the power of the engines. In presence of several distinguished and scientific gentlemen, M. Du Trembley had one of his engines tested on board of a splendid vessel (the France) at Toulon. The experiment proved highly satisfactory and successful. We have doubts of the propriety of making use of such an inflammable substance on board of steam-vessels, as serious accidents would be constantly liable to occur from it, even if great precautions were taken to guard against them. Economy in

fuel, and the obtaining of great speed, should not always be considered paramount to the safety of life and property.

Albany Medical College.—By the official catalogue, it appears quite certain that the College is well sustained. Sixteen young men took degrees at the recent close of the term. It should be recollected that two full courses of lectures are given by the faculty. The first commences Tuesday, February 22d, the present season; and the autumnal course on the first Tuesday of September, annually. All the gentlemen connected with the school, are eminent in their several departments, and have long enjoyed the public confidence.

American Dentists in France.—In a recent number of the Journal, we made mention of the success which had attended the practice of several American dental surgeons in Paris. We also stated that Drs. Joshua Tucker and Edward Gage, two of our most able and accomplished dentists, had left Boston for that city. Dr. Tucker visited Europe for the benefit of his health, which had become impaired in consequence of long and close application to the arduous duties of his profession. We are happy to learn that since his sojourn in France, he has nearly recovered from the severe attacks of neuralgia which so frequently troubled him. He will leave Paris early in the spring, for travel in Italy. Dr. Gage has located himself, and commenced practice under very flattering prospects, and there can be no doubt, when he becomes better known to the Parisians, that he will have quite as much business as the most ambitious could desire.

Castleton (Vt.) Medical College.—Nineteen young gentlemen received their diplomas at the close of the late session of lectures in Castleton Medical College. We are informed by the Circular and Catalogue of the alumni, recently published, that this institution has matriculated 4667 students, and graduated 1370, during the nearly forty years of its existence.

TO CORRESPONDENTS AND SUBSCRIBERS.—The following papers have been received:—Two Cases of Membranous Croup; Observations on Tuberculosis; Effects of Mental Emotions on the Animal Economy.

As there are twenty-seven Wednesdays in the six months of the present volume, another number after this will be comprised in the volume. Some important changes contemplated for the ensuing volume will be more definitely stated next week.

MARRIED.—In Schodack, N. Y., Augustus Joles, M.D., of Stephenstown, to Miss Elizabeth V. Traver, of Schodack.—At Harvard, Dr. Geo. Marshall Howe to Miss Harriet M. Howe.

DIED.—At Northampton, Dr. Charles Walker, 52.—In Madison, Wis., Prof. Stephen P. Lathrop, M.D., aged 37, formerly of Weybridge, Vt.

Deaths in Boston for the week ending Saturday noon, Jan. 20th, 82. Males, 34—females, 48. Accident, 1—hemorrhage of the bowels, 1—inflammation of the brain, 4—congestion of the brain, 1—cancer, 2—consumption, 15—convulsions, 5—croup, 3—chickenpox, 1—dysentery, 1—diarrhoea, 1—dropsy, 4—dropsy in the head, 2—debility, 1—infantile diseases, 3—puerperal, 2—scarlet fever, 2—hooping cough, 1—disease of the heart, 2—intemperance, 2—inflammation of the lungs, 10—disease of the lungs, 1—disease of the liver, 1—marasmus, 2—old age, 3—pleurisy, 1—rheumatism, 1—scalded, 1—scrofula, 1—smallpox, 3—suicide, 1—spine disease, 1—teething, 1—unknown, 2.

Under 5 years, 34—between 5 and 20 years, 5—between 20 and 40 years, 21—between 40 and 60 years, 12—above 60 years, 10. Born in the United States, 56—British Provinces, 2—Ireland, 17—England, 2—France, 3—Germany, 2.

The Cockpit of a Man-of-war no Place of Safety.—In the recent naval attack upon Sebastopol, a shell entered the after cockpit of H. M. S. Albion. It lodged in the first lieutenant's cabin, burst there, destroying everything in that cabin and in the surgeon's cabin on one side, and another officer's on the other. Mr. Mason, the surgeon, was himself so much bruised in the arm by one of the splinters, that he was disabled, and could not operate. A similar splinter from another shell struck the paymaster, who was acting as assistant to the medical officers, and bruised him severely.—*Dr. Mackay in Medical Times.*

A Blundering Translation.—Sir John Pringle, in his "Observations on the Diseases of the Army," mentions having cured a soldier of a violent scurvy, by prescribing two quarts of the *dog and duck* water (so called from the name of a spring near the Dog and Duck Tavern), to be drunk every morning before dinner. In a French translation of this work, the remedy is specified to be two quarts of broth, made of a duck and a dog.—*Dublin University Magazine.*

Want of Medical Officers for the Army and Navy.—Numerous letters from the seat of war continue to speak of the insufficiency of medical attendance, both at Sebastopol, and on board transport ships laden with wounded for the hospital at Scutari. To meet the emergency the London College of Surgeons has intimated its readiness to examine, in December, all those young men who have reached the age of 21, but whose studies would not otherwise have terminated until March. The inferior grade of Army apothecaries has also been had recourse to by Government. We deprecate both these proceedings, as injurious to the profession, and as tending to subject our soldiers and sailors to the inexperience of imperfectly educated men. It would be more becoming in our public bodies, instead of relaxing their regulations at this juncture, to impress upon Government the propriety and justice of raising the remuneration, and, above all, of honorably treating the medical men of both services. There would then be no difficulty in procuring, among such an overcrowded profession as that of medicine, abundant additions to the staffs both of the army and navy.—*Edinburgh Monthly Journal.*

Laryngitis. Nitrate of Silver.—Dr Ebert employs inhalations of nitrate of silver in substance with great benefit, in all inflammations of the laryngeal mucous membrane. He has employed the nitrate of silver also in solution, after the manner of Green, but has never been able to satisfy himself that the larynx was really entered. The mode in which the solid caustic is introduced is as follows: Three grains of the nitrate are mixed with one drachm of sugar; the powder is placed in a steel pen, which is itself firmly inserted in a quill open at both ends. The little apparatus is then put into the mouth, so that the end of the steel pen shall be on the root of the tongue; then the lips are closed round the quill, and the patient inspires forcibly. The first attempt is almost always a failure, and the nitrate is only tasted on the root of the tongue, but the patient soon learns to manage it very well; a little cough and irritation follow, but no great uneasiness. For young children this method does not answer, and a special apparatus must be used.—*Annalen des Berlin Char. Krankheiten.*